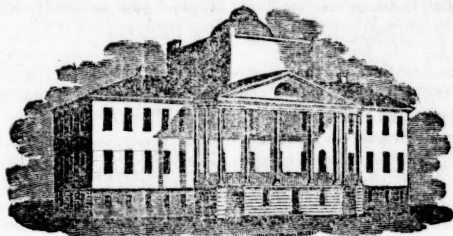


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I.

Remarks on the Dengue.

Communicated for the Boston Medical and
Surgical Journal,

By DAVID OSGOOD, M.D. of Havana.

LATE in April, the present year, after a continuation of hot weather, with but slight variations, during the different seasons of this and the last preceding year, (1827 and 1828.) a new epidemic fever arose in Havana and its vicinity, which attacked the inhabitants generally, and almost simultaneously.

The same disease took place, earlier in the spring, in the other seaport towns and cities of the West Indies; and in the course of the summer it has appeared in some of those of the United States.

The people of Havana have named this strange fever *El Dengue*, which word signifies, literally, affectation.

During the whole of the last winter and spring, previously to the taking place of this new fe-

ver, many of the persons who had lately arrived in this climate were seized with the yellow fever. But as soon as the former began to prevail, the latter disappeared; although the residents, who had usually been exempt from the yellow fever, were seen, as well as the transient subjects, with symptoms resembling those of this latter disease, viz.: after sensations of uncommon languor, chilliness, and pain in the tendons of the smaller joints, they were suddenly attacked with a burning heat and redness of the skin, pains in the muscles of the limbs, or pain in the forehead, and a loathing, or vomiting of whatever was taken into the stomach.

The fever continued for one, two, or three days, and then usually terminated with a free sweating, which freed the patient likewise from his pains. But many after leaving their beds suffered by a renewal of their pains, which in some have become chronic. Others have also had a renewed attack of the fever.

This disease of the season has not proved fatal, except to a few amongst the strangers, in whom the sweating stage of it did not easily take place, or was suddenly stopped by exposure to the open air.

This moderation of the symptoms, in the generality of the subjects, I attribute to a gradual reduction of the vigor of their constitutions, by the influence upon them of the before-mentioned almost uninterrupted continuance of hot weather during all the seasons of the two last years past, and beyond what has happened in former years ; which influence has rendered the native inhabitants, as well as the strangers in the climate, liable to be affected in this new way, by the same specific cause that, at other times, has produced the yellow fever in the latter class of the subjects.

The dengue has, as yet, only prevailed in the places to which the yellow fever has been limited. It has not spread into the interior of Cuba, although, at the end of five months from the time of its rise in Havana, it continues to attack most of the persons who come to the city from the country, or from any place where it has not prevailed.

2. The fatality of the yellow fever is known to be the greatest in the most robust of its subjects ; and in those who, besides their recent exposure to the air of the West India climate, indulge themselves in hard drinking, or fatigue themselves by much exercise in the sun, whereby their strength is *suddenly depressed*.

3. On the contrary, with a slight typhous infection contracted in a close prison, where hard drinking, or taking long walks,

cannot be practised, the additional influence of the air of the climate, when it has caused a fever by sudden exposure to it, the symptoms have generally been very mild.

4. The late comers to the West Indies from the colder latitudes experience, soon after their arrival, a degree of exhaustion, and soreness in their muscles, like that which persons every where feel after violent exercise, or very great fatigue.

The debility and soreness of the muscles and tendons in the subjects with the dengue, before and after their symptoms of fever, may be attributed to the same cause.

5. In several instances, since the prevalence of the dengue, the worst symptoms of the yellow fever have supervened on those of the former.

I may also mention, here, that I know several persons now long residents in this place, who since arriving here from abroad have escaped from an attack of the yellow fever, and have not hitherto been attacked by the dengue ; whereas every other person to whom I put the question, " Have you had the dengue ?" answers " Yes."

From the facts, &c. above stated, I have been led to consider the specific cause of the disease of the present time, and that of the yellow fever, to be the same. The subjects have become altered in their constitutions ; but the generating cause both of the new and of the old fever, remains unchanged.

Although aware that this opinion may be thought too theoretical, yet I venture to advance it for the sake of a practical inference

to be drawn from the viewing of it in this light.

In the dengue, as before noticed, when a sweating takes place it carries off the burning heat and redness of the skin, and at the same time the loathing and sickness of the stomach. Hence, for the most part, no other than the antiphlogistic treatment has been found beneficial to the patients; but for the few in whom, under such treatment, a sweat has not easily flowed by the end of the second, or the beginning of the third day, the more active, and especially depleting means, as in the yellow fever, have been found requisite.

But as the black vomit, the most dreaded symptom of the yellow fever, cannot, with certainty, be overcome by any remedy received into the stomach, to act directly upon that organ we may take a hint from the dengue, and regard the affection of the stomach as being sympathetic with that of the skin, in its burning state. Agreeably to this idea, it is well known that, by means of tepid emollient fomentations and clysters, and such diluting drinks as are best calculated to remove thirst, perseveringly employed early in the disease, and at a later period of it by more stimulating applications to the skin, the black vomit has often been prevented, and sometimes stopped.

II.

Management of Floodings, with Asphyxia.—From Lectures delivered at Guy's Hospital,

By Dr. JAMES BLUNDELL.

(Continued from p. 553.)

You have not, I trust, forgotten that in the former lecture it was

observed to you, that of all means for stopping the discharge of blood from the uterus, the most effectual by far is the evacuation of its cavity, either by taking away the child, removing the placenta, or discharging the liquor amnii, according to the circumstances of the case. Although, however, I stated to you the fact, that by so doing you may, in ordinary cases, generally arrest the further discharge of blood, or at all events so far diminish the discharge that it becomes no longer dangerous; yet those who reflect will observe, that in mentioning this practice I did not lay down any rules which may enable you to decide in what cases you ought to interfere with your manual practice, and in what cases you ought to refrain. From laying down those rules I then purposely abstained; for I thought they would be better understood if given in another part of the subject; and to this part we are now arrived.

On conversing with your obstetric friends, or on reading some of our best obstetric authors, such as Denman, for example, or Burns, you will find, as usually happens, that by different practitioners different indications have been marked out, by the intimations of which they endeavor to decide, at any given time, whether it be proper that they should deliver the woman by manual operations, or whether they should leave her to her own resources, confiding entirely to those other remedies which I have already exposed at large. In determining about the delivery, there are some, not unskilful practitioners, who are guided mainly by the measure of the blood discharged, and by the effects the discharge produces.

Called to a woman laboring under copious flooding, if they find her approaching to a state of asphyxia, they are anxious to open the uterus as fast as possible, abstracting promptly afterwards both the child and the placenta; but if, on the other hand, they find that the patient is vigorous, and that the measure of the blood lost is by no means copious, from manual operations they refrain. Nor is this rule without its recommendations; with one capital defect, however, it is justly chargeable, as it directs us to deliver in those cases of asphyxia in which the disturbance of the clots is DEATH!

In determining, again, whether they should deliver or not, there are other accoucheurs who consider the effects produced by the discharge of the liquor amnii; and if the liquor amnii have not been discharged, and the hæmorrhage be proceeding, they rupture the membranes, and if the flooding continue, although the water have been evacuated, they take the child away; and, in many cases, this may be found a very excellent rule. In determining whether the child should or not be abstracted by the hand, many are guided by the relaxation of the parts, and the facility of delivery: if they find that the vagina is thoroughly relaxed, and that the mouth of the uterus is open—large as a crown piece, for example—delivery being so easy, they think it may be well to introduce the hand into the uterus, to bring away the child, the placenta, or whatever else may be lodging there. But, on the other hand, if under large floodings they find that the softer parts are rigid, an occurrence not common—or if, as more frequently happens, the

mouth of the womb be shut altogether, or not broader than a sixpence, they refrain from interfering, laudably fearful lest, by thrusting the hand into the uterus, they should lacerate the softer parts. Again: By the age of the pregnancy, many practitioners are guided: and this rule has the advantage of being one of very easy application, for the period of gestation may generally be ascertained. Now, in the latter months, say the last three or four, under dangerous bleedings, their general practice is to discharge the waters, or, as soon as possible, to carry the hand into the uterus, and bring away the ovum; the relaxation produced by the bleeding, generally facilitating this; while, in the earlier months, say the first three or four, as women of ordinary health and strength rarely sink under the floodings, they refrain altogether from manual operations, and confide in other means for suppressing the bleeding, or in deobstruents, of which the most valuable is perhaps the ergot.

In determining respecting the propriety of manual delivery, Rigby has recommended that we should be guided by the situation of the placenta, and if the placenta is lying over the mouth of the womb, whether partially or completely, the hand, he says, should be carried up into the cavity of the uterus, and the child should be brought away. Now this, as a general rule, is certainly correct, and to it, I believe, all experienced accoucheurs adhere. On the other hand, if the placenta is not lying over the mouth of the uterus, either partially or completely, we are advised by Rigby to content ourselves with the mere discharge of the liquor am-

nii, a beautiful obstetric operation, which in these cases usually renders the condition of the patient secure.

Beware of being deceived by the rule, (if rule it can be called,) which has deceived many, I mean that of waiting for the pains in flooding cases. The *silly rule* is the title by which I would designate it; and I use the expression, though quaint, under the hope that it may become fixed upon the mind, and may, by the caution it intimates, prevent your being misled. In cases where large quantities of blood are coming away from the uterus, the womb becomes paralytic; the pains which were commencing leave the patient, and the larger the bleeding the less the pain, more especially in the latter months. Understand, therefore, if the want of pains is to be considered at all, that it is rather to be considered as an indication to interfere than to refrain; for you have not, I trust, forgotten, that till the womb is evacuated the woman is never secure; and unless manual means be adopted, if the pains and uterine efforts are wanting, in the latter months especially, how can the ovum come away? You are called, perhaps, to a case in which the blood comes largely from the uterus; you ask the patient, and properly, whether she feels the uterine pains. No, is the reply. Will you, then, act upon the silly rule?—will you tell the patient, come what may I can give no manual assistance, because you have no pain! None, I hope, bred in this school, will be guilty of such folly. In flooding cases, the truth is, with the pains you have very little to do; it is with the flooding—it is with

the danger, that it is your duty to contend, and from them, if possible, the woman must be rescued, whether there be pain or not. A woman sitting quietly in her apartment, being seized suddenly with a large eruption of blood from the womb, a practitioner, specious enough, but of small experience in these matters, was promptly called to her assistance. Wo be to the woman under these circumstances, who is deceived by an exterior. Have you any pain? was the question. No, was the reply. So, acting on the silly rule, without even examining whether the placenta was lying or not over the mouth of the uterus, the practitioner went his way. The flooding continuing, he was summoned again, and again he acted on the silly rule; there being no pain, he still determined that nothing could be done; so he went home, and went to bed, and went to sleep!—how one envies such philosophical composure! But we bear the dangers and misfortunes of others with truly admirable resignation. In the middle of the night his repose was broken by the tinkling of his bell, the noise of his knocker, and the clamor of voices—a third summons had arrived; to the house of the patient, therefore, he went a third time, and then he found her dead!—And the consequence of all this was the preparation which I now show you:—With the child in the uterine cavity, and the placenta lying over the mouth of the womb, the parts so relaxed and open that the abstraction of the ovum would have been a very easy task. Beware of the silly rule. In general, to die is no jest—nor is it a jest to die even by the kick of an ass.

Having said thus much respecting the rules and principles by which, in flooding cases, practitioners endeavor to ascertain whether they ought or not to interfere manually in the delivery, I proceed in the next place to prescribe briefly some plain rules by which yourselves may be enabled to decide this nice and important point. Not that I hope, in laying these principles before you, to reduce your practice to maxims so correct, definite and sufficient, that adhering to them as to the rules of arithmetical operation, you cannot err; but this I persuade myself, that keeping within the influence of these maxims, with the help of a little common sense and common experience, you cannot run out eccentrically into the more extravagant errors.

Remember, then, that in floodings, whether earlier or later, but more especially in the later floodings, if the patient be lying in a state approaching asphyxia, all manual operations are in general improper—disturb the clots, and the patient dies. Watch, therefore, nor venture to resort to the use of the hand till the return of the strength, and the copious or dangerous renewal of the bleeding may render the operation at once necessary and more secure. Remember, further, that if you are called to floodings of the first, second, or third month, although from such flooding often repeated, one miscarriage following another, the health may suffer severely, yet with an ordinary share of vigor in the patient, notwithstanding all our alarms, death but rarely occurs; and, therefore, manual operations not being necessary, should be rejected. It may, in-

deed, be sometimes advantageous to empty the uterus by means of one or two fingers. This I do myself, in part, because my hand is small; and in part, perhaps, because I may have an overweening confidence in my manual skill. You, however, I strongly dissuade from this practice, till you have been formed, by experience, to the higher and nicer parts of obstetric operations. But to proceed. When called to floodings of the latter months, in which the patient, not in a state approaching asphyxia, still retains her vigor, remember, in the third place, that it becomes your duty to ascertain by examination, whether the placenta lie or not over the mouth of the uterus. Now if, the placenta covering the mouth and neck of the womb, whether partially or completely, you cannot deliver by turning, you may, perhaps, advantageously puncture the membrane when accessible; but if, on the contrary, turning may be accomplished, then by this operation, the ovum ought to be promptly brought away; not that this practice is wholly unattended with danger, but that, under the given circumstances, it is, on the whole, the best we can adopt. Remember, lastly, in latter floodings, when the placenta is not lying, whether partially or completely, over the mouth of the uterus, that as soon as the flooding becomes dangerous, the liquor amnii should be discharged, and although the continuance of the flooding may now and then demand the operation of turning, yet in the majority of cases, such a necessity but rarely occurs; so that to this beautiful operation, you may safely venture to confide.

For the sake of humanity, allow

me again to caution you against the silly rule. For the sake of humanity, allow me again to remind you, that from whatever cause the flooding arises, whether in the earlier or the latter months, before or after the birth of the child, before or after the birth of the placenta, so long as the woman is lying in a state approaching to asphyxia, the disturbance of your hand is death. Ah, how I commiserate those unsuspecting but ill-fated victims, who are destined to perish by your forgetfulness of this caution! At this moment live the women who must sink under this mal-practice. Not to introduce the hand into the uterus in any case till pregnancy is advanced beyond the sixth month, is a good general maxim, though not universally applicable. Not to introduce the hand into the uterus before the sixth month of pregnancy is completed—not to pass the hand into the womb, unless the disk formed by the dilatation of the os uteri be as broad as a crown piece, are both of them good general principles of practice, and ought to have their influence; but they are not universal. When the woman is utterly dead, the child may be abstracted notwithstanding. In alarming floodings, it is often safer for your reputation to have another opinion.

III.

Some Account of a Case in which the Uterus, in a State of malignant Ulceration, was successfully removed,

By JAMES BLUNDELL, M.D.

Lecturer on Physiology and Midwifery in the School of Guy's Hospital.

SOME notice of this operation has already been published in this Journal,

but we presume the following more authentic account will be acceptable.

Mrs. A. B. aged 50, of grey eyes, tranquil disposition, broad in her make, and disposed to obesity, was seized with offensive discharge from the vagina, soon followed by eruptions of blood in large quantity, so that, according to her own report, frequent faintings were produced, and the blood occasionally sank through a bed about twice as thick as a sofa-cushion, collecting on the floor; and day after day, for months together, with little intermission, one or two pints of blood were discharged.

Although Mrs. A. B. in her general conversation, is by no means prone to hyperbole, it seems evident that she must have greatly overrated the quantity of these daily floodings. Certain, however, it is, from her repeated and considerate declarations, that very large quantities of blood were lost during a period of many months; and though, with the exception of some small œdema of the legs, there were no signs of general dropsy, the paleness, coldness, and weakness, and the frequent attacks of faintness, or complete delirium, showed pretty clearly that much vascular inanition had been produced. In other particulars, the patient's condition was not altogether discouraging; for the bowels were regular, and the appetite was occasionally good; and the appearance, though cachectic, and perfectly similar to that of other women perishing under malignant ulceration of the uterus, was not such as to indicate a constitution wholly unfit for surgical operation.

The woman having been under

the care of three or four different practitioners before I saw her, I deemed it proper to examine immediately with great attention; when I found that the womb was moveable, and about as large as a goose's egg—that its mouth was broad, open, and of cartilaginous hardness—that it manifested the usual marks of malignant disorganization, in which also about one-fourth of the contiguous vagina was involved; and, further, that on the surface of the diseased mass was formed an ulcer, about as broad as a shilling. The adjacent structures appeared to be healthy enough—the bladder and rectum were sound, the inguinal glands were not enlarged, whence it was presumed that the lumbar were perhaps healthy; the ovaries could not be felt to exceed their ordinary bulk, and there was evidently no tangible enlargement of the liver, spleen, kidneys, or omentum, all of which were examined with the nicest care. The breathing was easy; the pulse, various in its frequency, ranged between 115 and 120 in the minute; and the patient, though certainly very much debilitated, had sufficient remains of strength to walk to my house (the distance of a furlong,) though not without considerable difficulty. To be short—it seemed clear at this time, that the case was ulcerated carcinoma of the uterus, as it is called, and that extirpation was the only remaining remedy.

The bowels having been cleared, and the patient being resolved to submit to the operation, on the 19th of February, 1828, I determined to remove the diseased parts without further delay. For this purpose, having placed the woman in the obstetric position

usual in this country, (on the left side I mean,) close upon the edge of the bed, with the loins posteriorly, the shoulders advanced, the knees and bosom mutually approximated, and the abdomen directed a little downwards towards the bed, I began the operation.

First Stage of the Operation.—I commenced by passing the index and second finger of the left hand to the line of union between the indurated and healthy portions of the vagina; the finger being converted into a cutting instrument, (varying with the exigencies of the operation,) by means of a moveable knife, which requires a word or two of description. The blade of this knife, not unlike that of a dissecting scalpel, was mounted upon a long slender shank, which, including its large handle, was about eleven inches in length; and with this stem the blade was united, so that its flat, or plane, formed with the stem an angle of 15 or 20 degrees. The first and second fingers of the left hand then being in the back of the vagina, contiguous to the diseased mass, as before observed, by taking the stem-knife in my right hand, I could at pleasure lay the flat of the blade upon the front of these fingers, and urge the point of the instrument a little beyond the tip. The apex of the forefinger being in this manner converted into a cutting point, by little and little I gradually worked my way through the back of the vagina, toward the front of the rectum, so as to enter the recto-vaginal portion of the peritoneal cavity, frequently withdrawing the stem-scalpel, so as to place the point within the tip of the finger, and then making examination with great nicety, in

order to ascertain whether the vagina was completely perforated, minute care being necessary in this part of the operation to avoid wounding the front of the intestine.

Second Stage of the Operation.—

A small aperture having been formed in this manner, in the back of the vagina, through this opening the first joint of the fore-finger was passed, so as to enlarge it a little by dilatation and slight laceration (safer than incision.) This done, and a cutting edge being communicated to the finger, by placing the plane of the blade in such a manner that its incisory edge lay slightly advanced beyond the side of the finger now lying in the aperture, after drawing the point of the instrument within the tip of the finger, which operated as a guard, I proceeded to make an incision through the vagina transversely, that is, in a direction from hip to hip; for this purpose carrying the finger with its cutting edge, from the opening in the vagina already made, to the root of the broad ligament on the left side, so as to make one large aperture. I then took a second stem-scalpel, formed on the same model as the preceding, with this difference, that the incisory edge lay on the other side of the blade; and laying this instrument on the fore-finger as before—in such a manner, however, that the cutting edge lay forth on the other side of the finger, (to the right of the pelvis, I mean.)—I carried the finger thus armed from the middle of the vagina, where the former incision commenced, to the root of the broad ligament on the right side; so that, at the end of this, which was the second step of the operation, the diseased and

healthy portions of the vagina behind became completely detached from each other, by a transverse incision, which stretched across the vagina between the roots of the broad ligaments immediately below the diseased parts. At this time the intestines could be felt hanging about the tips of the fingers; but the blade of the scalpel lying on the finger, in which it was as it were imbedded, the risk of a wound, whether by point or edge, was completely prevented.

Third Stage of the Operation.—

The back of the vagina, then, having been divided in this manner, I urged the whole of the left hand, not of large size, into the vaginal cavity—and the more easily because the woman had borne children; afterwards passing the first and second fingers through the transverse opening along the back of the uterus—this viscus lying, as usual, near the brim of the pelvis, with its mouth backward, its fundus forward, and a little elevated just above the symphysis pubis. This manœuvre premised, under full protection of these fingers, now lying between the womb and the intestine, taking a double hook, mounted on a stem eleven inches long, I passed it into the abdominal cavity, through the transverse aperture, along the surface of the fingers already mentioned; and laying it front of them, near their tips, I converted these fingers into a sort of sentient tenaculum, which, with little pain to the patient, I pushed into the back of the womb, near the fundus, and then drawing the womb downward and backward, towards the point of the os coccygis, as I carried the fingers upward and forward, I

succeeded ultimately in placing the tips over the fundus in the manner of a blunt hook; after which, by a movement of retroversion, the womb was very speedily brought downwards and backwards, into the palm of the left hand, then lodging in the vagina, where, at this part of the operation, the diseased mass might be seen distinctly enough, lying just within the genital fissure.

Fourth Stage of the Operation.—

The process of removal being brought to this point, the diseased structure still in the palm of my hand, remained in connexion with the sides of the pelvis, by means of the fallopian tubes and broad ligaments, and with the bladder by means of the peritoneum, the front of the vagina, and interposed cellular web,—parts which were easily divided, so as to liberate the mass to be removed. The broad ligaments were cut through, close upon the sides of the uterus, and in dividing the vagina great care was taken to keep clear of the neck of the bladder and the ureters. This division of these attachments, and the removal of the diseased mass, constituted the fourth step of the operation. Some bits of indurated vagina, altogether not larger than the common bean, were left in the pelvis, to be removed at some future period, should symptoms require. This fact is worth recording.

To this circumstantial account of the operation may be added a few remarks. The intestines did not protrude. About an ounce of blood was lost when the back of the vagina was divided, three or four more ounces following when the vagina was cut in front. Ligatures, tenacula, and forceps,

were in readiness to secure the vessels, but these were not required.

The intestines were felt at one time only, namely, when two fingers were lying out through the opening in the vagina behind. Of course some pain was felt when the first incisions were making, and when, as in ordinary obstetric operations, the hand was urged into the vagina; but the principal distress was occasioned by drawing down the uterus, when the retroversion was accomplished, and the ligaments were put upon the stretch.

The pains and complaints scarcely exceeded those observed in instrumental deliveries. The patient lay in the ordinary obstetric position, and required no restraint. The insertion of the hook into the back of the uterus did not occasion much suffering. The operation, from first to last, occupied about an hour, but much of this time was spent in reposing and considering what might best be done. With better instruments, and greater activity, the whole operation might most probably be completed in five minutes. In obstetrics, however, celerity is considered to be in itself a secondary merit, and the operation was conducted on obstetric principles. The general range of the pulse was between 120 and 130, a frequency common in delivery by instruments.

When the last gush of blood was observed, the pulse became imperceptible in the wrist, returning however in the course of ten or fifteen minutes. A few ounces of spirits were administered to the patient as the operation proceeded. Throughout the process the fore-finger of the left

hand was the principal instrument, and the scalpels and hooks were employed merely as the means of arming the finger for its various operations. The professional friends who favored me with their presence were, Dr. Elliotson, Mr. Callaway, Mr. B. Cooper, Mr. Key, and Mr. Morgan. An accident deprived me of the presence and assistance of my friend Dr. Roots. The operation was not undertaken at a venture, but in conformity with certain principles laid down in two papers read before the Medico-Chirurgical Society; the first of them in the year 1819, and the last in the year 1823. The latter, which was not published, contains the proposals for other abdominal operations. The fundamental principles of these operations, as there stated, are rested upon numerous observations made upon the human body, and a sufficient number of experiments upon brutes. Should the case here narrated come before the eyes of the public, I hope it may tend to diminish any unreasonable prejudices against experiments and experimenters. The feeling is respectable, but by the designing it may be misdirected. In Lisfranc's operation I conceive there must be some misapprehension. I think I run no risk in saying, that by his method of procedure, as understood here, what the English accoucheur means by cancer of the uterus, must frequently be irremovable.

It is now five months since the parts were extirpated, and the patient is fat and well, and designs to return to her husband. The interception of the access to the ovaries is a complete security against extra-uterine impregnation. The head of the vagina is

closed by the bladder, which lies upon it. The recovery was easy enough, but as the details may, perhaps, be deemed desirable, they shall be communicated at an early opportunity. The patient had been ill for eight or nine months before the operation was performed.

IV.

SELECTIONS FROM FOREIGN JOURNALS.

Case of Extra-Uterine Fætation, in which the Fætus remained in the Abdomen Forty Years.

By HENRY LEE HEISKELL, M.D. of Winchester, Va.

THE following case occurred in the poor-house of the parish of Frederick, in Virginia.

Venus Collins, a colored woman, late of the city of Philadelphia, became pregnant with her seventh child, which she bore until her death, which occurred in the summer of 1825. As near as could be ascertained by a reference to the records of the clerk's office, and the statements of her fellow-servants, one of whom was her daughter-in-law, she was from seventy to seventy-five years of age, and carried the fætus forty years. During this period, and in particular the latter part of it, she enjoyed remarkably good health for one in her situation, being only occasionally incommoded by a sense of weight and bearing down in her right side, which was sometimes accompanied by slight pain. In the early part of her pregnancy, she had hydropic effusions, for which she underwent the operation of paracentesis abdominis. She had no show of the menses after this period, nor did

she afterwards conceive again. For several years before her death, the infirmities attendant on old age, and the difficulties of providing for herself, rendered her removal to the poor-house necessary, where she remained until her death, which happened in consequence of an attack of dysentery.

A post mortem examination of her body was conducted by Drs. A. S. Baldwin and Holliday, in presence of several medical students. On making a crucial incision through the parietes of the abdomen, and turning back the flaps, a large bony tumor was found in the lower part of the epigastric region, inclining rather to the right side, and firmly agglutinated in front to the parietes of the abdomen, and behind to the small intestines. The only morbid appearances of the viscera presenting, were a diminished size of the uterus, and an obliteration of the fallopian tubes: the ovaria were not to be found.

The tumor itself was of an oblong form, which, when removed from its attachments, weighed four pounds and six ounces. The envelop formed a perfect bony hermetically sealed sac, on all sides, but rather thin at the part corresponding to the anus; for, when considerable pressure was made in the direction of its short diameter, a few drops of dark fluid made their way through the covering.

The substance of the sac or covering was of an ossific nature, of a dirty-white or cream color, varying from two to three lines in thickness, and so resisting, that it required not only a strong knife for its division, but also a very considerable degree of strength.

On removing the sac, which had formed adhesions to several

parts of the fœtus, particularly the superior part of the right thigh, a fœtus, perfect in its form and configuration, was presented, having apparently gone the full period of utero-gestation. Its position in the sac exactly resembled that of a fœtus in utero; having the chin resting upon the chest in such a manner that the face looked towards the left side; the trunk was incurvated, the legs bent upon the thighs, the thighs upon the pelvis and abdomen, the feet crossed, and the arms folded between the head and knees. Owing to the firm pressure of the sac, the abdomen and lower part of the chest received the impression of the arms and thighs; and the latter, in turn, from the same cause, were somewhat flattened.

The weight of the fœtus, divested of its covering, was three pounds and three-quarters, and measured, in its contracted state, eleven inches and one-half in length. So faultless was every limb and feature, (with the exception of the above stated,) that not one of them presented an exception worthy of special remark. The general aspect, however, of the fœtus, bore evident marks of age, (if the remark might not be considered a contradiction.) The muscles and integuments were firmer and more consistent than in the natural state, and the latter were very generally ossified, except those portions which were covered by the foldings of the arms and thighs: consequently the integuments which partook of the ossific character had a decided preponderance over the parts which did not take on a change of structure. The pericranium was entirely in an ossified state, over which some traces of hair were discernible, and the remains of

the eyelashes were distinctly perceptible.

On examining the contents of the cranium, thorax, and abdomen, the following appearances were noticed:—The brain was a soft pulpy mass of an ash color, presenting nothing very remarkable in its appearance. The contents of the thorax and abdomen were in a singular state of preservation, as perfect as those of a stillborn child; nothing of decay or putrefaction could be discovered in any portion of them. The meconium had the usual dark appearance and consistence. The tongue was firm and ash-colored; and the nails of the toes and fingers perfect. There were no traces of umbilical chord or placenta.—*Lancet*.

Cases of Laryngitis in which the Operation of Laryngotomy was performed, at the Glasgow Infirmary.

This operation was performed on two patients during the winter, and, in one of the cases, twice on the same individual successfully, by Dr. John Cowper, one of the senior surgeons.

Samuel Henderson, a man who, in appearance, might be 30, was admitted into the Medical Wards, under the care of Dr. Brown, with laryngitis, about the beginning of March. The usual treatment was pursued; he was bled, blistered, had diaphoretics, but with only occasional relief. On the morning of the 6th of March, he had a severe attack of orthopnoea, threatening suffocation. His face was livid, and pulse not to be felt. A consultation was held in the course of the forenoon, when it was resolved, to prevent such a return of the disease as might cause death before relief could

be afforded, to perform the operation of laryngotomy. Respiration was at this time wheezing and laborious. On looking into the mouth, the epiglottis was seen thickened, fauces generally swollen, though clean. Pulse 120, with thirst and foul tongue..

An incision, one inch and a half in length, was made perpendicularly through the integuments over the larynx. Dr. Cowper says in his report, that at this part of the operation a small vein appeared, which was pushed aside with the handle of the scalpel. The branch of the superior thyroid, which passes into the larynx between the cricoid and thyroid cartilages, was shortly afterwards cut, and poured out a considerable quantity of blood. The operator was searching for the mouth of the vessel with his tenaculum, when the patient was seized with so violent an attack of dyspnoea, as to threaten death. The crico-thyroid membrane was, therefore, immediately cut, without waiting to secure the artery, and a wire introduced to draw asunder the lips of the wound. The vessel ceased to bleed. The patient was almost instantaneously relieved. On the 7th I did not see the patient, but the report states, that he had passed a good night; pulse 120. He went on gradually improving till the 10th, when the wound was found closed with mucus. He breathed easily, however, through the larynx, without apparently suffering the smallest uneasiness. On the 11th the wire was withdrawn, and the edges of the wound brought together by adhesive plaster.

Every symptom of the disease had, to all appearance, subsided; the wound had closed, and was going on favorably the morning of

the 30th. At half past 11, A. M. on that day, he had a rigor, followed by violent orthopnea. At 1, P. M. a consultation was held by the attending surgeons, and, in their opinion, laryngotomy was again necessary. It was accordingly performed, by opening the cicatrix of the former wound. It was followed by immediate relief. During the day, six grains of calomel, and three of opium, were given him; ten leeches were also applied to the right side of the larynx, to which part he principally referred his uneasiness. On the 31st, his pulse was 84, with severe pain on right side of the larynx on pressure. Leeches were again ordered.

R. Submur. hydrar. gr. ij.;

Pulv. opii, gr. ss.; M. ft. pil. ter in die sumenda.

April 1. Pulse still 84. He had passed a good night, and complained less of the pain in right side of the larynx, but had a severe cough, for which he was ordered the common mucilaginous mixture, and to continue the pills.

3. The pills were this day discontinued. He continued gradually to improve, and every symptom of danger having disappeared, the wire was removed on the 10th, and a silver tube inserted in its place. Till the 25th, there was little or no variation in the treatment. The patient's health had considerably suffered from confinement; it was therefore necessary to give him tonics. At this time he breathed freely through the larynx, the tube being filled with mucus. The left submaxillary gland was considerably enlarged, from the irritation consequent on the presence of the foreign body. Eight leeches were applied to it.

May 27. Since last report,

there has been scarcely any change, saving in the inflamed gland, which has suppurated. The tube was removed, and the wound dressed with simple dressings. The patient breathed freely through the larynx, and appeared to be rather improving in health.

June 4. He was dismissed to-day, though the swelling on the left side of the neck was still considerable. The wound looked healthy. He was directed to go into the country.

William Limpitlaw, weaver, ætat. 50; November 7, 1827. The difficulty of breathing in this patient had been gradually increasing for six weeks previous to his admission, but during the preceding eight days it had become violent. The only treatment had been a blister applied over the pained part of the throat.

He was immediately ordered some leeches to the throat, with a dose of calomel and opium, which the consulting surgeons thought would abate the violence of the symptoms. The relief, if any, was but temporary, for at 9, P. M. he was seized with so violent a fit of dyspnea, that it became necessary to perform laryngotomy. A wire was inserted, as in the preceding case, and fastened by pieces of tape, which were carried round the neck, so as to evert the edges of the wound, and afford a free passage for respiration.

November 14. Every thing went on favorably in this patient, saving a fit of dyspnea on the 12th, from accidental derangement of the wire. To-day, however, an ulcerated perforation in the velum pendulum palati was observed, for which a

solution of $\mathfrak{z}\text{iv}$. nitrate of silver in an ounce of water, was ordered to be applied with a pencil, daily. On the 19th the ulcer had not extended: to-day was seized with a severe purging, for which he was ordered castor oil and opium.

20. Omitt. lotio.

R. Sulph. capri, gr. x.

Aquæ, $\mathfrak{z}\text{ij}$.; solve pro lotio faucib.

21. The purging was gone. He was ordered a blue pill every evening, and to continue the lotion.

28. As the symptoms of the disease had now in a great measure disappeared, the wire was withdrawn, but he breathed so laboriously, that it was found necessary to replace it immediately. Cont. lotio.; cap. pil. hydrar. I , o. n.

December 6. The same experiment was tried, and though he breathed easier through the larynx than at the preceding trial, the edges of the wound being brought together by adhesive plaster, respiration was still too laborious to admit of the wire being removed.

18. The experiment was repeated, but after breathing ten minutes with apparent ease, he was seized with a sudden fit of dyspnœa, and the wire was again introduced.

This patient was dismissed early in May, breathing through a tube* with ease, but, as might be expected, unable to articulate. From December, till the time of his dismissal, the only circumstances interrupting the progress of his recovery, were the injec-

tion of a hydrocele, and a slight attack of fever, approaching in its type to the intermittent, to which he had become subject, since serving as a soldier some twelve years before in Malta. It disappeared in a few days, under the use of the sulphate of quinine, and extract of cinchona.

BOSTON, TUESDAY, OCT. 21, 1828.

On Monday, the 6th, the Massachusetts General Hospital was visited by the venerable patriarch of the medical art, Dr. HOLYOKE, of Salem, now over one hundred years of age. He carefully examined every part of the Institution, and made occasional comments thereon. The improvements in surgical instruments excited his particular attention; and after being informed of the mode of using them, he was much gratified at the changes which had been made. Examining various patients with fractured limbs, he commended the position in which they were placed, and advised that in fractures of the legs the limb should be somewhat elevated,—stated a case of fracture of both bones of the leg, placed in this position, in which, at the end of three weeks, while the dressings were off, the patient slipped out of bed and got on his legs, while the Doctor turned round a little. The warm and cold baths, the sea water and sulphur baths, each attracted his attention. He examined minutely the arrangement made for the comfort of patients with broken limbs in the particular construction of their beds. The culinary apparatus; that for cleansing, washing and drying clothes; the mode of supplying the establishment with water; and the apothecaries' department, all underwent his observation. After completing his investigation, on taking leave, he said to the visiting committee, "I find everything here in beautiful order; I know not how it could be improved."

* This was substituted in the place of the wire, as the granulations, notwithstanding the presence of the foreign body, had become so abundant as to threaten closure of the aperture.

We regret to announce the death, on Sunday, the 12th inst., of JAMES P. CHAPLIN, M.D. of Cambridgeport, an eminent member of the profession.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Oct. 10, at noon.

Oct. 4. Henry R. D. Gray,	17 mo.
5. Perry H. Wentworth,	14
Daughter of Henry Curtis,	3
Michael Finn,	2 yrs.
6. James Riley,	56
Maria Godfrey,	23
John Hart,	40
Ann Esther Emmes,	12 mo.
Lydia P. Tolman,	12
7. Charles Bullard, jr.	8
Lucinda Moore,	12
William Langley,	46 yrs.
8. Lewis Wright,	21 mo.
George Murdock,	11
William Henry Howe,	20 yrs.
A man (name unknown)	
9. Thomas Dawes,	45
10. John Keyes,	40
Elizabeth Watts,	88
William H. Wright,	14 days.

Apoplexy, 1—brain fever, 1—cholera, 1—convulsions, 3—consumption, 1—canker, 1—canker in the bowels, 2—drowned, 1—dysentery, 1—dropsy in the head, 1—fever and ague, 1—inflammation in the bowels, 1—lung fever, 1—old age, 1—teething, 1—unknown, 1. Males, 14—females, 6. Stillborn, 1. Total, 21.

circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the effect of the use of wine and ardent spirits on the different organs and textures of the human body."

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; or on before the 15th day of April, 1829.

JOHN C. WARREN,
ZABDIEL B. ADAMS, } Committee.
JOHN WARE,

A dissertation marked "*Fons et Origo Mali*," is left at Mr. Cotton's Bookstore, for the author if he should desire it.

Editors of newspapers are respectfully requested to republish the above for the public good. Aug 9.

Some persons having believed that the premium offered by the Mass. Med. Soc. for the best dissertation on Intemperance, is to be confined to the members of the Society, notice is hereby given that the above named premium is open to all who may incline to become candidates for it.

ADVERTISEMENTS.

PRIZE DISSERTATION

On the Effects of Spirituous Liquors.

AT the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

"Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the cir-

SURGICAL INSTRUMENTS.

DAVID & JOHN HENSHAW & Co. No. 33, India Street, near the head of Central Wharf, have for sale a very extensive assortment of Surgical Instruments. Gentlemen wishing to purchase will find it to their advantage to call and examine them. Oct. 14.
6mo.

ABERNETHY'S LECTURES.

THIS day published by Benjamin Perkins & Co. Lectures on *Anatomy, Surgery, and Pathology*, including observations on the nature and treatment of *Local Diseases*,—delivered at St. Bartholomew's Hospital, by JOHN ABERNETHY F. R. S. 6w.

Boston, Sept. 22, 1828.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.